

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4	1					
5		1				
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14	1					
15		2				
16	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND	DEP										
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